



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000121045

2. Name of Corporation SIGNATOR INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 197 CLARENDON STREET, C8-11

City or Town: BOSTON

State: MA Zip: 02116 Country: USA

4. Business Phone No.

617-572-7408

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

THE SALE OF LIFE, ACCIDENT & HEALTH INSURANCE AND VARIABLE AS AN INSURANCE AGENCY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN B. HEAPPS	197 CLARENDON ST. BOSTON, MA 02116 USA
TREASURER	DECLAN OBEIRNE	197 CLARENDON ST. BOSTON, MA 02116 USA
ASST. V. PRESIDENT	RICHARD L DEMONTIGNY	197 CLARENDON ST. BOSTON, MA 02116 USA
VICE PRESIDENT	KATHERINE P KLINGLER	197 CLARENDON ST. BOSTON, MA 02116 USA
CLERK	ABIGAIL M ARMSTRONG	197 CLARENDON ST. BOSTON, MA 02116 USA
ASSISTANT CLERK	EILEEN RILEY	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	JOHN VRYSEN	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	PETER R GORDON	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	ARTHUR CREEL	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	CHRISTOPHER MARYANOPOLIS	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	THOMAS J. HORACK	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	BRIAN B HEAPPS	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	MITCHELL A KARMAN	197 CLARENDON ST. BOSTON, MA 02116 USA
DIRECTOR	DECLAN OBEIRNE	197 CLARENDON ST. BOSTON, MA 02116 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	100.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 19 Day of January, 2010 at 11:19:26 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BRIAN B. HEAPPS

Signature of Authorized Representative of the Corporation

PRESIDENT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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